

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**American Energy Alliance**(b) Address (number and street) ☐ check if different than previously reported1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

**2. FEC Identification Number****C** C30001176**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y  
10 / 13 / 2012

through

M M M / D D D / Y Y Y Y Y  
10 / 26 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y  
10 / 13 / 2012**(b) Communication Title** Stand with Coal**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Thomas Pyle

(b) Address (number and street)

1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

American Energy Alliance

(e) Occupation

President

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 571800.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Thomas Pyle

SIGNATURE

Thomas Pyle

[Electronically Filed]

DATE

10/12/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

PAGE 2 OF 3

**11. Person(s) Sharing/Exercising Control**

**A.** (a) Name **Transaction ID : F91.000001**  
Thomas Pyle

(b) Address (number and street) 1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Energy Alliance President

**B.** (a) Name **Transaction ID : F91.000002**  
Wayne Galsle

(b) Address (number and street) 1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Energy Alliance Self-Employed

**C.** (a) Name **Transaction ID : F91.000003**  
Jim Clarkson

(b) Address (number and street) 1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Energy Alliance Self-Employed

**D.** (a) Name **Transaction ID : F91.000004**  
John Peterson

(b) Address (number and street) 1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Energy Alliance Retired Member of Congress

**E.** (a) Name **Transaction ID : F91.000005**  
Scott Beaulier

(b) Address (number and street) 1100 H Street, NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Energy Alliance Professor

**SCHEDULE 9-B**

PAGE 3 OF 3

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Mentzer Media Services, Inc.</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  04 / 12 / 2012 </div>	
Mailing Address of Payee 600 Fairmont Avenue Suite 306				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> \$ 100800.00 </div>	
City Towson		State MD		Zip Code 21286	
Name of Employer Mentzer Media Services, Inc.				Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) Television ad buy - Stand with Coal				<b>Transaction ID : F93.000001</b>	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Mentzer Media Services, Inc.</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  10 / 13 / 2012 </div>	
Mailing Address of Payee 600 Fairmont Avenue Suite 306				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> \$ 471000.00 </div>	
City Towson		State MD		Zip Code 21286	
Name of Employer Mentzer Media Services, Inc.				Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) Television ad buy - Stand with Coal				<b>Transaction ID : F93.000002</b>	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000004</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 2px;"> \$ 571800.00 </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;"> \$ 571800.00 </div>